

For Office Use Only:  
Course/Section \_\_\_\_\_  
CRN \_\_\_\_\_

## Northwestern State University-School of Education Application for Residency

**Priority deadline to begin in Spring: October 1st**  
**Priority deadline to begin in Fall: March 1st**

Please click the below link to see the District Browse presentation and see what incentives some districts are offering residents.

[District Browse Presentation](#)

**Please type.**

**Semester applying for:** \_\_\_\_\_

Is this your initial application or second semester/split placement. \_\_\_\_\_

Please attach a professional head shot photograph to your application.

**Name:** \_\_\_\_\_ **NSU ID** \_\_\_\_\_  
Last First Middle/Maiden

**Local Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**Cell Phone Number:** \_\_\_\_\_

**NSU email address:** \_\_\_\_\_

**Personal email address:** \_\_\_\_\_

**Major:** (Check [X] your major)

\_\_\_\_ Early Childhood Education (PK-3)

\_\_\_\_ Elementary Education (1-5)

\_\_\_\_ Secondary Biology Education (6-12)

\_\_\_\_ Secondary Business Education (6-12)

\_\_\_\_ Secondary English Education (6-12)

\_\_\_\_ Secondary Mathematics Education (6-12)

\_\_\_\_ Secondary Social Studies Education (6-12)

\_\_\_\_ Music Education – Instrumental (all levels)

\_\_\_\_ Music Education – Vocal (all levels)

\_\_\_\_ Music Education – Vocal & Instrumental (all levels)

\_\_\_\_ Health & Physical Education (all levels)

.....

## Praxis Requirements

Have you passed PRAXIS II content?     Yes         No

If yes, which test(s)? \_\_\_\_\_  
 If you have not taken PRAXIS II content, have you registered for it?     Yes         No

Test date: \_\_\_\_\_

Have you passed PRAXIS II PLT?     Yes         No

If yes, which test? \_\_\_\_\_

If you have not taken PRAXIS II PLT, have you registered for it?     Yes         No

Test date: \_\_\_\_\_

.....

## Plans for Completion of Degree

Beginning with the current semester, outline your anticipated class schedule (by semester) for the completion of your degree. **Please meet with your academic advisor for assistance.**

Semester: \_\_\_\_\_

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: \_\_\_\_\_

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: \_\_\_\_\_

Course	Hrs.
_____	_____
_____	_____
_____	_____

Semester: \_\_\_\_\_

Course	Hrs.
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferences for Clinical Experience Location**

**Please indicate 1 for first choice and 2 for second choice. These will be considered but not guaranteed.**

____ Caddo	____ Bossier
____ DeSoto	____ Grant
____ Natchitoches	____ Rapides
____ Red River	____ Sabine
____ Vernon	____ Webster
____ Winn	
____ Other: _____	
____ Other: _____	

**If you are a secondary major and attended high school in a parish requested, please complete the following:**

High School attended: \_\_\_\_\_

Years of attendance: \_\_\_\_\_ to \_\_\_\_\_

**Relative(s) employed in public schools in parish requested (if applicable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/grade level: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/grade level: \_\_\_\_\_

**Please list your school-age child/children (if applicable):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Transportation:** Please indicate how you plan to get to and from your residency/student teaching placement. (e.g. "I have a vehicle and will drive myself.")

\_\_\_\_\_  
\_\_\_\_\_

**Are you planning to carpool with another resident/student teacher? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If yes, who? \_\_\_\_\_

**Please check (x) all applicable:**

I understand that residency **REQUIRES** me to begin my placement when that district's teachers report to campus. Residency I & II requires me to be at my assigned campus 5 days per week (unless prior permission granted to attend required courses on NSU campus).

I understand that I must provide proof of tort liability insurance before my placement is given. (information provided by Office of Clinical Practice)

I plan to participate in an extracurricular activity (e.g. band, dance line, sports) during Residency.  I plan to work part-time during Residency.

I need to enroll in an additional course during Residency; I am including the required permission form with my application. (See attached form.)

**Music Education candidates who are requesting to be placed in Texas ( if considering split placement during residency, student must indicate request on the INITIAL application :**

I have completed the Student Teaching Placement application as required by the Texas school district. (Must submit verification to the Office of Clinical Practice.)

I will have stable housing in the school district requested.

I understand that I will be required to attend orientation, monthly seminars, and any other events/meetings during Residency (which may require me to report back to the NSU campus).

I understand that if approved to conduct some or all of my residency out of state, I am forfeiting the Louisiana resident stipend. (currently \$3300 per year)

**Candidate's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Academic Advisor's Signature** \_\_\_\_\_

\*\*\*\*\*

**I attest that the information in this application is accurate. I will notify the Office of Clinical Practice & Partnerships immediately should any information change.**

**Applications should be submitted to:**

**Mrs Kathy Shaw,**  
**Administrative Assistant,**  
**Office of Clinical Practice & Partnerships**  
[shawk@nsula.edu](mailto:shawk@nsula.edu) (email)

Please provide a professional head shot with your application.

**PERMISSION TO ENROLL IN COURSE WITH RESIDENCY**

Residency applicants may request enrollment in an additional three (3) semester hours above program requirements for Residency. Courses requested cannot conflict with Residency hours- 8:00 a.m. - 3:00 p.m. Monday through Friday at your assigned campus placement.

Name \_\_\_\_\_ Program \_\_\_\_\_

NSU CWID \_\_\_\_\_

NSU Email Address \_\_\_\_\_

**Course Requested**

Course/Section \_\_\_\_\_

Day(s)/Time \_\_\_\_\_

Is the course needed for graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

Extenuating circumstances for requesting additional course with Residency 2/Student Teaching:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate's signature \_\_\_\_\_

Date \_\_\_\_\_